

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:

CYNTHIA ANDERSON-GRAYSON

Case No.: 20-62169 LEC

Chapter: CHAPTER 7

Debtor(s)

Motion For Continuance AND
RESET HEARING(S)

Comes Now the Debtor, CYNTHIA ANDERSON-GRAYSON, who hereby moves the court to RESET THE MISSED MEETING OF CREDITORS OF CHAPTER 7 ON 6/23/20 AT 1:20 PM FOR A LATER DATE SATISFACTORY TO THE COURT. DEBTOR RESPECTFULLY SUBMITS THE FOLLOWING IN SUPPORT OF THIS MOTION:

(I) DEBTOR HAD BEEN OVERCOME BY ILLNESS PREVIOUS TO THE CASE HEREIN TO WHICH DEBTOR HAS TO MAINTAIN A HIGH FREQUENCY OF DOCTOR VISITS.

(II) DEBTOR WAS ATTEMPTING A REGULARLY SCHEDULED APPOINTMENT AT GRADY MEMORIAL CANCER CENTER clinic scheduled for 11:30 AM on 6/23/20 to which is usually a 1/2 ~ 2 1/2 hr appointments.

(III) DEBTOR WAS SUBJECTED TO UNUSUAL, UNFORESEEN CIRCUMSTANCES DUE TO THE CURRENT STATE OF COVID-19 PANDEMIC TO WHICH NORMAL PROCEDURES ARE OUT-OF-NORMAL CAUSING ^{SOME} SITUATIONS TO BE DRASTICALLY OUT-OF-NORMAL.

SEE ATTACHMENT(S):

Dated:

7-29/2020

Signature:

Cynthia Anderson-Grayson
CYNTHIA ANDERSON-GRAYSON

Printed Name:

Address:

C/O MICHAEL GRAYSON
2435 HAVERFORD WAY
DECATUR, GEORGIA 30032

Phone:

#770.676.1556

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2020 JUL 29 PM 1:51

M. REGINA THOMAS
CLERK

[Signature]

UNITED STATES BANKRUPTCY COURT
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IN RE: CYNTHIA ANDERSON-GRAYSON) Case No: 20-62169 LRC
) Chapter 7
)
Debtor(s)

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify under penalty of perjury that I am, and at all times hereinafter mentioned, was more than 18 year of age, and that on the _____ day of _____, 20____, I served a copy of 219 MOTION FOR CONTINUANCE AND RESET HEARINGS which was filed in this bankruptcy matter on the 29 day of 7, 2020

Mode of service (check one):

☒ MAILED

☐ HAND DELIVERED

Name and Address of each party served (If necessary, you may attach a list.):

HAYS FINANCIAL CONSULTING, LLC
SUITE 555
2764 PEACHTREE ROAD
ATLANTA, GA 30305

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 7-29-2020

Signature:

Cynthia Anderson-Grayson

Printed Name:

CYNTHIA ANDERSON-GRAYSON

Address:

c/o Michael Grayson

2435 HAVEMORE WAY
DECATUR, GEORGIA 30032

#770.676.1556

Phone:

7-29-2020

Cadence
Scheduling

GRADY HEALTH SYSTEM
GHS INFUSION CENTER
Patient Future Appointments

Page : 1
Printed : 5/19/20 12:00

Grayson, Cynth* - [REDACTED] 5820 DOB: [REDACTED] Age: 62 yrs
1699 BREABURN DR
ATLANTA Georgia 30316 Reg Sts:
Home: 770-676-1556 Work: HCL:

Sex: Female
SS#: xxx-xx-3019

Account	Name	Account#	Sts Use	Payor- Plan	Pat Balance
Date	Time	Lng	Dept	Prv/Rsc	Visit Type Notes
5/19/20	Tue 11:30	120	INFUS	GHS INFUSION * I2	KEYTRUDA need labs
06/03/20	Wed 9:45	15	INH/HE	VALE, COLIN A* Follow Up	
06/09/20	Tue 1:30	120	INFUS	GHS INFUSION * I2	KEYTRUDA
06/23/20	Tue 11:30	90	PALL O	NNAJI, CHINON* Follow Up	